

Audits Branch – Southern Region 11401 South Bloomfield Avenue, Bldg. 203, 2nd Floor, Norwalk, CA 90650 Telephone: (562) 406-3929 Fax: (562) 406-3951

January 21, 2009

James A. Waterman, Ph.D., Interim Director Kern County Mental Health Services 3300 Truxton Avenue, Suite 290 Bakersfield, CA 93301

Dear Dr. Waterman:

AUDIT REPORT -- KERN COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kern County Mental Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	<u>Settled</u>	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$25,691,899	\$25,151,526	\$(540,373)
Federal Share of Healthy Families/Medi-Cal	\$ 530,825	\$ 499,617	\$(31,208)
State General Funds EPSDT Due State	\$ 6,667,308	\$ 6,602,944	\$(64,364)

James A. Waterman, Ph.D., Interim Director January 21, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J/HILL, JR., MBA, EA

Chief of Audits

RAQUEL E. RIOS Audits Supervisor

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Enclosures

CERTIFIED MAIL

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

NET REIMBURSAI PROGRAM CO			_	As Settled		Audit Adjustments	As Audited
COUNTY PROV	<u>IDERS</u>						
MEDI-CAL - FF	P	(Sch. 2a)	\$	17,525,859	\$	(330,948) \$	17,194,911
HEALTHY FAM	IILIES - FFP	(Sch. 2a)	_	197,288	_	(30,728)	166,560
TOTAL FFP -	COUNTY PROVIDERS		\$	17,723,147	\$_	(361,676) \$	17,361,471
CONTRACT PR							
MEDI-CAL - FF		(Sch. 3b)	\$	8,166,040	\$	(209,425) \$	7,956,615
HEALTHY FAM	(ILIES - FFP	(Sch. 3b)	_	333,537		(480)	333,057
TOTAL FFP -	CONTRACT PROVIDER	S.S.	\$ _	8,499,577	. \$ _	(209,905) \$	8,289,672
	DUNTY PLUS CONTRAC	CT PROV <u>IDERS</u>					
MEDI-CAL - FF			\$	25,691,899	\$	(540,373) \$	25,151,526
HEALTHY FAM			_	530,825		(31,208)	499,617
TOTAL FFP -	COUNTY PLUS CONTR	ACT PROVIDERS	s _	26,222,724	. \$ _	(571,581) \$_	25,651,143
SUMMARY OF STA	<u>ate general funds</u>				- '-		
EPSDT - SGF	See Note Below	(Sch. 4)	s <u> </u>	6,667,308	\$_	(64,364) \$	6,602,944

Note: The As Settled amount includes a refund of \$60,037 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 87).

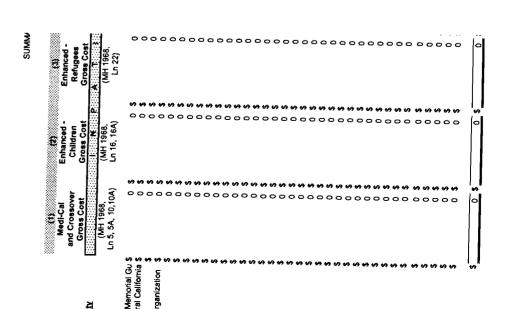
KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

Part	<u>co</u>	UNIT OPERATED FEDERAL					A 214	
Total Medi-Cal Gross Reimbursement Call High Section Call High C					المالية والمالية		Audit	A - A 4!4. 4
1. Inpatient SD/MC and Crossover	Tot	al Madi-Cal Gross Paimhursamant		-	As Settled		Adjustments	As Audited
2. Outpatient SD/MC and Crossover 3. Enhanced SD/MC (Children) - UP 4. Enhanced SD/MC (Children) - O/P 5. Enhanced SD/MC (Children) - O/P 6. Enhanced SD/MC (Children) - O/P 6. Enhanced SD/MC (Refugees) - UP 6. Enhanced SD/MC (Refugees) - UP 6. Enhanced SD/MC (Refugees) - O/P 7. Healthy Families Gross Reimbursement-UP 8. Healthy Families Gross Reimbursement-UP 9. Total 1. Outpatient SD/MC and Crossover 1. Outpatient SD/MC Children) - UP 1. Enhanced SD/MC (Children) - UP 1. Outpatient SD/MC and Crossover 2. Outpatient SD/MC Children) - UP 2. Outpatient SD/MC Children) - UP 2. Outpatient SD/MC (Children) - UP 2. Outpatient SD/MC (Children) - UP 2. Outpatient SD/MC (Refugees) - UP 2. Outpatient SD/MC (Refugees) - UP 2. Outpatient SD/MC (Refugees) - UP 3. Outpatient SD/MC (Refugees) - UP 4. Enhanced SD/MC (Refugees) - UP 4. Outpatient SD/MC (Refugees) - UP 5. Outpatient SD/MC (Refugees) - UP 6. Outpatient SD/MC (Refugees) - UP 6			(MH 1968 In 11 114)	¢	2 715 401	¢	(240 440) \$	2 474 961
3. Enhanced SD/MC (Children) - I/P (MH1968, Ln 16, 16A) 69,716 (17,516) 52,200 4. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 12) 0 0 0 0 5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 0 0 6. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 0 0 8. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 229,279 (173) 229,106 9. Total 50/MC (Refugees) - I/P (MH1968, Ln 27, 27A) 5 28,379,305 5 28,056,337 Less: Patient & Other Payor Revenues 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 5 84,870 \$ 150,028 \$ 234,898 11. Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 30,722 0 30,722 12. Enhanced SD/MC (Children)-I/P (MH1968, Ln 29) 0 0 0 0 0 13. Enhanced SD/MC (Children)-I/P (MH1968, Ln 29) 0 0 0 0 0 14. Enhanced SD/MC (Children)-I/P (MH1968, Ln 29) 0 0 0 0 0 15. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 0 0 16. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 17. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 18. Total 50/MC (Refugees) - I/P (MH1968, Ln 31) 0 0 0 0 0 19. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 10. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 10. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 10. Healthy Families Patient Revenue-I/P (MH1968, Ln 31) 0 0 0 0 0 10. Healthy Families-D/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 0 21. Healthy Families-I/P (Ln 6 - Ln 15) 0 0 0 0 0 22. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 0 23. Healthy Families-I/P (Ln 5 - Ln 14) 0 0 0 0 0 0 24. Healthy Families-I/P (Ln 6 - Ln 15) 0 0 0 0 0 0 25. Total 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	, , ,	J		J		
4. Enhanced SD/MC (Children) - O/P (MH1968, Ln 16, 16A) 69,716 (17,516) 52,200 5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 0 0 7. Healthy Families Gross Reimbursement-V/P (MH1968, Ln 27, 27A) 0 0 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 229,279 (173) 229,106 9. Total		-	, , ,				, , ,	
5. Enhanced SD/MC (Refugees) - \(\textit{VP} \) (MH1968, Ln 22)		` ,	• • • •		_			
6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, ,	• • • • • •		•		, , ,	
Nealthy Families Gross Reimbursement-I/P		. • ,	, , ,		_		-	
Realthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 229,279 (173) 229,106 9 Total \$ 28,379,305 \$ (322,968) \$ 28,056,337 \$ 100,000 \$ 20,000		, <u> </u>						-
Page		•	, , ,				-	•
Less: Patient & Other Pavor Revenues		•	(MH1968, Ln 2/, 2/A)	_		- ू-		
10. Inpatient SD/MC and Crossover	9.	lotai		³=	28,379,305	· ³ =	(322,968)	28,036,337
10. Inpatient SD/MC and Crossover	Les	s: Patient & Other Pavor Revenues						
11. Outpatient SD/MC and Crossover			(MH 1968, Ln 28, 28A)	s	84,870	\$	150.028 \$	234,898
12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29)		•	, , ,	-	•	•	•	•
13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 0 0 0 1 1 Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 0 0 0 0 1 Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12.		, , , ,		,			-
14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 115,592 \$ 150,028 \$ 265,620 Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Med	13.	• • •	, ,		-		•	
15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 115,592 \$ 150,028 \$ 265,620 Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0	14.	` ,			0		0	0
16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 115,592 \$ 150,028 \$ 265,620 Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 0 0 27. Service Functions 21-19 (MH1979, Ln 12, Col. A) 0	15.		, , ,		0		0	0
17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 0 18. Total \$ 115,592 \$ 150,028 \$ 265,620 Medi-Cal Net Reimbursement for Direct Services		` • •	, , ,		·		-	0
Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717		•	, ,		•		·	-
Nedi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717		•	(1411 1700, 1211 31)	s -		· s -		<u>_</u>
19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 2,630,531 \$ (390,467) \$ 2,240,064 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0				=	,	: Ť =	*	
20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 25,403,903 (82,355) 25,321,548 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	Med	li-Cal Net Reimbursement for Direct Services						
21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	2,630,531	\$	(390,467) \$	2,240,064
22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		25,403,903		(82,355)	25,321,548
23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Relmbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
24. Healthy Families-O/P (Ln 8 - Ln 17) 229,279 (173) 229,106 25. Total \$ 28,263,713 \$ (472,996) \$ 27,790,717 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
25. Total \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0	0
Medi-Cal MAA Relmbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	24.	Healthy Families-O/P	(Ln 8 - Ln 17)		229,279		(173)	229,106
26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	25.	Total		\$_		\$_	(472,996) \$	27,790,717
26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0				_		-		
27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	Med	li-Cal MAA Reimbursement						
28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0	26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	0
(**************************************	27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0	0
29. Total \$ 0 \$ 0 \$	28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0	_	0	0
	29.	Total		\$_	0	\$_	0 \$	0

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_		_		_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0	_	0
36. Total		\$_	0	\$ _	0	\$_	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	6,578,205	\$	(107,065)	\$	6,471,140
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ - \$	3,488,802	\$ -	(152,182)	-	3,336,620
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	s -	3,488,802	\$-	(152,182)	_	3,336,620
37. Medi-cai Reinbursement	(Lower of Lit 57, Lit 56)	-	3,488,802	" =	(132,102)	_	3,330,020
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limit	t (MH1979, Ln 8)	\$_	74,241	\$_	(91)	\$_	74,150_
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	87,959	\$_	(60,818)	\$_	27,141
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	74,241	\$=	(47,100)	\$=	27,141
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	604,128	\$	0	\$	604,128
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	750,192	\$_	0	\$	750,192
Not CDAIC Deimburganet DED							
Net SD/MC Reimbursement - FFP	(MIII 070 Y = 1 (1 (A)	•	14 007 051	•	(242,472)	¢	14 664 470
45. Direct Services	(MH1979, Ln 16,16A)	\$	14,907,951	3	(243,472)	3	14,664,479
46. Enhanced (Children)	(MH1979, Ln 17,17A)		45,315		(11,385)		33,930
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	5)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		1,744,401		(76,091)		1,668,310
50. U.R. Skilled Professional	(MH1979, Ln 14)		453,096		0		453,096
51. U.R. Other	(MH1979, Ln 15)		375,096		0		375,096
52. Negotiated Rate-Payback 53. Subtotal- FFP	(MH1979, Ln 20)	_	0	_	0	_	0
55. Subiotal- PPP		\$ =	17,525,859	\$ =	(330,948)	³=	<u>17,194,911</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	-	0	_	0
56. Total SD/MC Reimbursement - FFP		\$	17,525,859	\$	(330,948)	S	17,194,911
Net Healthy Families Reimbursement - FFP		-	,,	-		=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	149,031	\$	(112)	s	148,919
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	•	0	•	0	-	0
59. Administrative Reimbursement	(MH1979, Ln 10)		48,257		(30,615)		17,642
60. Total Healthy Families Reimbursement - FFP		s ⁻		s ⁻	(30,728)	s –	166,560
· · · · · · · · · · · · · · · · · · ·		_	, 200	_=	(30,720)	_	,,,,,,
61. Total - FFP (Ln 56 + Ln 60)		\$ _	17,723,147	\$_	(361,676)	S =	17,361,471
							(To Sch. 1)



KERN COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

Legal		(11) Total Revenue	(12) Healthy Families	(§3) Total Revenue	(14) Healthy Families	(15) Total Net Cost	(16) Net Cost	(\$7) Total Net Cost	(18) Net Cost	(19) Total MAA
Entity Number	l anal E-titu	(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Multiper	Legal Entity	(MH 1968.	TERNIT	OUTPA			TIENT		NTENT	Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
		Lii 20 (0 30)	பரரி	Ln 26 to 30)	Ln 31)					Ln 11-13)
00405	Henrietta Weill Child Memorial Guida	s 0	\$ 0 \$	6,832 \$	0 \$	0 \$	0 \$	5,225,898 \$	318,383 \$	0
	Turning Point of Central California		\$ 0.5	0,552 \$	ŏ \$					ŏ
00409	The Anne Sippi Clinic	\$ 0	\$ 0.5	0 \$	0 \$		0 \$			ŏ
00561	Community Service Organization	\$ 0	\$ 0.5	0 \$	0 \$	0 \$	0 \$			Ō
00562	Clinica Sierra Vista	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	1,667,307 \$	111,785 \$	0
00975	Aspen Group Inc.	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	6,321,453 \$	82,225 \$	0
0		\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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	ODANO TOTAL	.——-		 •						
	GRAND TOTAL	\$0	\$ <u> </u>	6,832 \$	0 \$	<u> </u>	<u> </u>	14,925,671	512,393 \$	0

KERN COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

	***	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	-	Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates	0.2400000000000000000000000000000000000	SOCIONARIO CON METERIA DE SOCIONARIO CON CONTRA	00000000000000000000000000000000000000	000000000000 000000000 000000000000000	
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity	1 5	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
<u>Number</u>	Legal Entity			OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00405	Henrietta Weilf Child Memorial Guida \$	0 \$	0 \$	0 \$	0 \$	2,783,360 \$	206.949 \$	2,990,309 \$	3.054,637 \$	2,990,309
00406	Turning Point of Central California \$	0 \$	0 \$	0 \$	0 \$				304,635 \$	304,635
00409	The Anne Sippi Clinic \$	0 \$	0 \$	0 \$	0 \$	549,681 \$	0 \$	549,681 \$	586,245 \$	549,681
00561	Community Service Organization \$	0 \$	0 \$	0 \$	0 \$	57,255 \$	0 \$	57,255 \$	57,255 \$	57,255
00562	Clinica Sierra Vista \$	0 \$	0 \$	0 \$	0 \$	890,382 \$	72.661 \$		1,024,982 \$	963,043
00975	Aspen Group Inc. \$	0 \$	0 \$	0 \$	0.5	3,371,302 \$	53,447 \$	3,424,749 \$	3,447,543 \$	3,424,749
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	GRAND TOTAL \$	0 s		0 \$	0	7,956,615	333,057	8,289,672 \$	8,475,297 \$	8,289,672

(To Sch. 1)

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

		 As Settled	_ Ac	Audit ljustments		As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 40,720,544	\$	(473,325)	\$	40,247,219
(2)	Total SD/MC Claims (Adjustments 82 through 83)	\$ 50,546,221	\$	(152,882)	\$	50,393,339
(3)	Percent % (Line 1/Line 2)	80.56%		-0.69%		79.87%
(4)	EPSDT Claims (Adjustment 83)	\$ 20,909,621	\$	(152,882)	\$	20,756,739
(5)	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	\$ 16,844,791	\$	(266,383)	\$	16,578,408
(6)	Cost Settled Baseline for EPSDT	\$ 2,439,341	\$	-	\$	2,439,341
(7)	Net Cost Settlement Amount (Line 5 - Line 6)	\$ 14,405,450	\$	(266,383)	s	14,139,067
(8)	46.70% of Cost Settlement Amount (Line 7 x 46.70%)	\$ 6,727,345	\$	(124,401)	\$	6,602,944
(8a)	FY 2001-02 EPSDT Settlement	\$ 7,272,821	\$	-	\$	7,272,821
(8b)	Annual Local Growth (L. 8 - 8a)	\$ -	\$	-	\$	-
(9)	County Match 10% of Local Growth (8b x 10%)	\$ -	\$	-	\$	-
(10)	Net Cost Settlement Amount (L. 8 - 9) (Adjustment 84)	\$ 6,727,345	\$	(124,401)	\$	6,602,944
(11)	SGF Distribution (Settled and Audited) (Adjustment 87)	\$ 6,727,345	\$	(60,037)	\$	6,667,308
(12)	SGF Due County (State) (Adjustment 88)	\$ 	\$	(64,364)	<u>\$</u>	(64,364) (To Sch. 1)
					,	10 3CH. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SFs 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHFs) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Lixe 'Herr		L						Initials	te_
JMI OF SD/MC OUTPATIENT AC	TUALS FOI	R SCHEDULE 4, L	INE 1				Prepared By:	LM	1/2008
SCAL YEAR ENDED JUNE 30, 2004				 	-		Approved By:		
			 	<u> </u>					-
				 					
		[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
			L Auditod MU4070	Audited MH1979	A dia ad MALIA 070	[5]	[6]	[7]	101
NAME OF PROVIDER								Less Negotiated	L
NAME OF PROVIDER	Prov. #		Ln 16A (Col. C		Ln 17A (Col. C)		SUB-TOTALS	RateExceedCost	TOTALS
		Period 1	Period 2	Period 1	Period 2	Enhan.Refugee	l	Ln 20 (Col. J)	i
						1	(Col 15)		(Col 6+7)
enrietta Weill Child Memorial Guidance	00405	\$ 893,773	\$ 4,301,136	\$ 5,162	\$ 25,827	S -	\$ 5,225,898	S -	\$ 5,225,8
urning Point of Central California	00406	\$ 161,557					\$ 571,054		\$ 571,0
ne Anne Sippi Clinic	00409	\$ 208,030				\$ -	\$ 1,032,614		1 2 2 2 2 2
ommunity Service Organization	00561	\$ 29,710		•				•	
		\$ 29,710	3 77,035		(-				7,
inica Sierra Vista	00562	\$ 415,857	\$ 1,237,160				\$ 1,667,307		\$ 1,667,3
spen Group Inc.	00975	\$ 1,483,361			\$ 22,804		\$ 6,321,453		\$ 6,321,4
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		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$
TOTAL - CONTRACT P	ROVIDERS						\$ 14,925,671	\$ -	\$ 14,925,6
, J.AL- JOHNAOI F		5,102,200	 	12,102	00,120	+	,020,011	<u> </u>	+
KED	N COUNTY	¢ 0.500.500	\$ 18,688,840	\$ 11,940	\$ 40,259	\$ -	\$ 25,321,548	•	\$ 25,321,5
NER	N COUNTY	\$ 6,580,509	\$ 18,688,840	\$ 11,940	3 40,239	 •	\$ 23,321,340	-	# 20,021,0
			<u> </u>		 	 	 	 	
CRAND TOTAL 10-1-1-1	Duned days	6 0 770 70-	20 040 000	04 400	400.000	 	\$ 40,247,219	<u>-</u>	\$ 40,247,2
GRAND TOTAL [County +Contract	Providers	\$ 9,772,797	\$ 30,349,338	\$ 24,102	\$ 100,982	↓ •	3 40,241,219	-	3 40,241,2
		<u> </u>	ļ			 		 	
	<u>_</u>	<u> </u>	00000	1	10	<u> </u>	MAC (Defense)	Output = 4 for	
Purpose:	To summa	arize the Net Due	SD/MC for Dire	ct Services - Outp	atient and Net Du	e - Ennanced SD	VMC (Refugees)	- Outpatient from	
	MH 1968,	Lines 35, 35A ar	nd 36 of the cour	nty and the contract	t providers to con	npute the EPSDT	Allowable SD/N	IC Actuals for	
	Schedule	4, Line 1 of the a	udit proforma.						<u> </u>
		T							
	0	dit a d O = 1 D =	-4. O4	data and Assatts and Co.	L Deports	+		 	+
Sources:	County AL	iaitea Cost Repo	ιτ, Contract Prov	iders Audited Cos	і керопѕ		_	<u> </u>	
									<u> </u>
Procedure:	Summaria	ed the amounts	from lines 35 35	A and 36 of the Co	ounty's and contra	act providers and	ted MH 1986		
Frocedure.	Junnianz	Cu the amounts	10111111162 30, 30	r and so or the ot	Janky 3 and contro	T Providers add	1000.	 	+
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Findings:	The Net D	ue SD/MC for D	rect Services an	nounted to \$ 40,24	7.219 .	1	1		J
	1110 1100	40 00 ,,,,,		touritou to v .ujz .	· 1 - · · · · · · · · · · · · · · · · ·				
		Ţ	T	the allowable EP:					<u></u>

Provid e	r KERN COU	NTY	<u> </u>		Provider Number 00015	No. of Adj. 88	ì	eriod Ended 30, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
]				ADJUSTMENTS TO REPORTED COSTS - COUN	<u> </u>			
1 2 3	MH1960 MH1960 MH1960 MH1960	9 10 11 12	0000	SDMC Administration Healthy Families Non-SD/MC Administration Total Administrative Costs To adjust Administrative Costs allocation using the percentage of Medi-Cal clients count to Medi-Cal eligible program costs as aurauditor provided the workpapers to the County which shows the of the above adjustments.	dited. The	\$ 3,488,802 87,959 735,441 \$ 4,312,202	\$ (152,182) (60,818) 213,000 0	\$ 3,336,620 27,141 948,441 \$ 4,312,202
	,			ADJUSTMENTS TO REPORTED COSTS - CONTRACT PI	ROVIDERS			
4	MH1960	18	С	Mode Costs (Direct Service and MAA)		\$ 6,089,888	\$ (14,091)	\$ 6,075,797
				Contract Provider - Henrietta Weill Memorial Child Guidance Cli To adjust Mode Costs of this Contract Provider to incorporate th monitoring adjustments of Kern County as contained in the Fina Report FYE 2003-04 as required under OMB-133(31 USC 7502)	e financial ncial Monitoring			
5	MH1960	18	С	Mode Costs (Direct Service and MAA) Contract Provider - Turning Point of California (LE#00406) To adjust Mode Costs of this Contract Provider to incorporate the monitoring adjustments of Kern County as contained in the Final Report FYE 2003-04 as required under OMB-133(31 USC 7502)	ncial Monitoring	\$ 680,102	\$ 3,064	\$ 683,166
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r KERN COUI	NTY			Provider Number 00015	No. of Adj. 88		eriod Ended 30, 2004
	Report Refe	erence	_			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS - CONTRACT I	PROVIDERS			
6	MH1960	18	С	Mode Costs (Direct Service and MAA) Contract Provider - The Anne Sippi Clinic (LE#00409) To adjust Mode Costs of this Contract Provider to incorporate monitoring adjustments of Kern County as contained in the Fir Report FYE 2003-04 as required under OMB-133(31 USC 750) ADJUSTMENT TO REPORTED TOTAL UNITS OF SER	nancial Monitoring 02 (f)(2)(B).	\$ 1,274,346	\$ (232,816)	\$ 1,041,530
7 8	MH1966 MH1966	2 2	ВС	SFC 05 - 10 SFC 05 - 19 To adjust total units of service to agree with the DMH Approve on Approved Administrative Days Units of Service. The audito workpapers to the County that shows the details of the above	or provided the	7,913 0	(72) 72	7,841 72
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
<u> </u>	KERN COUN				00015	88	June	30, 2004
Adj.	Report Refe Form/ Sch.	erence Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/	TIME -			
9 10 11 12 13 14 15 16 17	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/ ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the above settled units of service/time to agree with I Claims Report dated June 24, 2008.	04	3,746,819 10,763,110 13,065 15,975 9,712 33,591 39,418 102,160 14,723,850	8,466 88,324 (2,696) 24,648 (1,935) (8,410) 2,034 13,230 123,661	3,755,285 * 10,851,434 * 10,369 * 40,623 * 7,777 * 25,181 * 41,452 * 115,390 * 14,847,511
18 19 20	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/ ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per DMH Approved Claims deleted by the County. These units were already approved an The auditor provided the workpapers to the County which show the above adjustments.	Report for the units d paid by DMH.	** 3,755,285 ** 10,851,434 ** 10,369 ** 40,623 ** 7,777 ** 25,181 ** 41,452 ** 115,390 14,847,511	(21,342) (1,980) 0 0 0 0 0 (23,322)	3,733,943 * 10,849,454 * 10,369 * 40,623 * 7,777 * 25,181 * 41,452 * 115,390 * 14,824,189
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	KERN COU		 -		00015	88	June :	30, 2004
Adj. No.	Report Ref	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
		Line	001.	ADJUSTMENTS TO REPORTED MEDICAL UNITS/ COUNTY, cont'd.	TIME -			
21	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per DMH Approved Claims I results of QA/UR audit findings on Hospital Inpatient and Admi Units conducted by State DMH Medi-Cal Oversight Branch. TI the workpapers to the County which shows details of the above	Report for the inistrative Days he auditor provided	** 3,733,943 ** 10,849,454 ** 10,369 ** 40,623 ** 7,777 ** 25,181 ** 41,452 ** 115,390 14,824,189	(225) 0 0 0 0 0 0 0 0 (225)	3,733,718 * 10,849,454 * 10,369 * 40,623 * 7,777 * 25,181 * 41,452 * 115,390 * 14,823,964
23	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per DMH Approved Claims results of EPSDT audit findings conducted by the State DMH Noversight Branch. The auditor provided the workpapers to the which shows details of the above adjustments.	04 Report for the Medi-Cal	** 3,733,718 ** 10,849,454 ** 10,369 ** 40,623 ** 7,777 ** 25,181 ** 41,452 ** 115,390 14,823,964	0 (39,979) 0 0 0 0 0 0 0 (39,979)	3,733,718 * 10,809,475 * 10,369 * 40,623 * 7,777 * 25,181 * 41,452 * 115,390 * 14,783,985
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal P	eriod Ended
<u> </u>	KERN COU	NTY		· · · · · · · · · · · · · · · · · · ·	00015		June	30, 2004
<u> </u>	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/ COUNTY, cont'd.	TIME -			
25 26 27 28 29 30 31 32 33	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/ ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of agree with the County's Records and supporting documents. To based on the Reconciliation Worksheet provided by the County Records agrees with the Settled Cost Report.	04 service/time to 'he units were	** 3,733,718 ** 10,809,475 ** 10,369 ** 40,623 ** 7,777 ** 25,181 ** 41,452 ** 115,390	13,101 (46,365) 2,696 (24,648) 1,935 8,410 (2,034) (13,230) (60,135)	3,746,819 * 10,763,110 * 13,065 * 15,975 * 9,712 * 33,591 * 39,418 * 102,160 *
34 35 36 37	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per County Records with the Days units of service that were approved per DMH Approved 0 dated June 24, 2008. The County did not report any Administr in the Settled Cost Report. Per review of Reconciliation Works 115 units of Administrative Days that were included in the Inpa The auditor provided the workpapers to the County which show above adjustments.	e Administrative Claims Report ative Days Units sheet, there are tient Days.	** 3,746,819 ** 10,763,110 ** 13,065 ** 15,975 ** 9,712 ** 33,591 ** 39,418 ** 102,160	12 (18) 0 6 0 0 0 0	3,746,831 * 10,763,092 * 13,065 * 15,981 * 9,712 * 33,591 * 39,418 * 102,160 * 14,723,850
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	KERN COU	NTY			Provider Number 00015	No. of Adj. 88		eriod Ended 30, 2004
	Report Refe				00013		Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS COUNTY, cont'd.	TIME -			
38	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per County Records for the audit conducted by State MDH Medi-Cal Oversight Branch. TI provided the workpapers to the County which shows the detail adjustments.	results of EPSDT	** 3,746,831 ** 10,763,092 ** 13,065 ** 15,981 ** 9,712 ** 33,591 ** 39,418 ** 102,160 14,723,850	0 (39,979) 0 0 0 0 0 0 (39,979)	3,746,831 * 10,723,113 * 13,065 * 15,981 * 9,712 * 33,591 * 39,418 * 102,160 * 14,683,871
40	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per County Records for the QA/UR audit findings on Hospital Inpatient and Administrative conducted by State DMH Medi-Cal Oversight Branch. The au the workpapers to the County which shows details of the above	results of Days Units ditor provided	** 3,746,831 ** 10,723,113 ** 13,065 ** 15,981 ** 9,712 ** 33,591 ** 39,418 ** 102,160 14,683,871	(225) 0 0 0 0 0 0 0 (225)	3,746,606 * 10,723,113 * 13,065 * 15,981 * 9,712 * 33,591 * 39,418 * 102,160 * 14,683,646
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r KERN COU	NTY			Provider Number 00015	No. of Adj. 88		eriod Ended 30, 2004
	Report Refe	erence			L	As	Increase	As
Ađj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS. COUNTY, cont'd.	TIME -			
42 43 44 45 46 47	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the above units of service/time to incorporate the collower of DMH Approved Units vs. the County's records by SFC provided the workpapers to the County which shows details of adjustments.	ntrols of the C. The auditor	** 3,746,606 ** 10,723,113 ** 13,065 ** 15,981 ** 9,712 ** 33,591 ** 39,418 ** 102,160 14,683,646	360 (2,105) 0 0 (1,935) (8,410) 0 (2) (12,092)	3,746,966 10,721,008 13,065 15,981 7,777 25,181 39,418 102,158 14,671,554
				ADJUSTMENTS TO REPORTED MEDICAL UNITS CONTRACT PROVIDERS	TIME -			
48 49 50 51 52 53 54	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/ ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the above settled units of service/time to agree with Claims Report dated June 24, 2008.	/04	1,902,520 6,875,031 0 0 11,781 42,525 71,380 223,720 9,126,957	10,301 12,338 0 0 (3,677) 3,808 7,049 41,750 71,569	1,912,821 6,887,369 0 0 8,104 46,333 78,429 265,470 9,198,526
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	•				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	KERN COUNTY				00015		June 3	30, 2004
Adj.	Report Ref	erence	-	EXPLANATION OF AUDIT ADJUSTMEN	rs	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TII CONTRACT PROVIDERS, cont'd.	<u>ME -</u>			
55 56	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per DMH Approved Claims for EPSDT audit conducted by State MDH Medi-Cal Oversight Brand provided the workpapers to the County which shows the details of adjustments.	the results of	** 1,912,821 ** 6,887,369 ** 0 ** 8,104 ** 46,333 ** 78,429 ** 265,470 9,198,526	0 (31,334) 0 0 0 0 0 0 0 (31,334)	1,912,821 6,856,035 0 0 8,104 46,333 78,429 265,470 9,167,192
57 58 59 60 61 62 63	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of se agree with the County's Records and supporting documents. The based on the Reconciliation Worksheet provided by the County. Records agrees with the Settled Cost Report.	ervice/time to e units were	** 1,912,821 ** 6,856,035 ** 0 ** 0 ** 8,104 ** 46,333 ** 78,429 ** 265,470 9,167,192	(10,301) 18,996 0 0 3,677 (3,808) (7,049) (41,750) (40,235)	1,902,520 6,875,031 0 0 11,781 42,525 71,380 223,720 9,126,957
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide		·			Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
<u> </u>	KERN COU				00015	00015 88		30, 2004
Adj. No.	Report Ref	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
140	SCI.	Line	COI.	ADJUSTMENTS TO REPORTED MEDICAL UNITS CONTRACT PROVIDERS, cont'd.	/TIME -			
64	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30/ MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30/ ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the units of service/time per County Records for the audit conducted by State MDH Medi-Cal Oversight Branch. To provided the workpapers to the County which shows the detail adjustments.	results of EPSDT he auditor	** 1,902,520 ** 6,875,031 ** 0 ** 11,781 ** 42,525 ** 71,380 ** 223,720 9,126,957	0 (31,334) 0 0 0 0 0 0 0 (31,334)	1,902,520 * 6,843,697 * 0 * 0 * 11,781 * 42,525 * 71,380 * 223,720 *
66 67 68 69 70	MH1966 MH1966 MH1966 MH1966 MH1966 MH1966 MH1966	8 8A 9 9A 10 10A 11 1A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03-09/30/03 MEDI-CAL UNITS 10/01/03-06/30/04 MEDI-CAL UNITS 10/01/03-06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03-09/30 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03-06/30 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03-09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03-06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/03-09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03-06/30/04 TOTAL To adjust the above units of service/time to incorporate the colower of DMH Approved Units vs. the County's records by SFC provided the workpapers to the County which shows details of adjustments.	ntrols of the C. The auditor	** 1,902,520 ** 6,843,697 ** 0 ** 11,781 ** 42,525 ** 71,380 ** 223,720 9,095,623	(1,994) (42,103) 0 0 (4,202) (4,541) 0 0 (52,840)	1,900,526 6,801,594 0 0 7,579 37,984 71,380 223,720 9,042,783
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	Provider KERN COUNTY				Provider Number 00015	No. of Adj. 88		eriod Ended 30, 2004
	Report Ref	erence					Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	(Decrease)	Adjusted
				ADJUSTMENT TO PATIENT AND OTHER PAYOR REVENUES - COUNTY		,		
71 72	MH1968 MH1968	28 28A	E	PATIENT AND OTHER PAYOR REVENUES 07/01/03-09/30/0 PATIENT AND OTHER PAYOR REVENUES 10/01/03-06/30/0		\$ 38,395 46,475	\$ (20,882) 170,910	\$ 17,513 217,385
				To adjust patient and other payor revenues to agree with the E Approved Claims Report for Hospital Inpatient (SFC 05/10). A the workpapers to the County which shows the details of the a adjustments.	uditor provided			
				ADJUSTMENT TO REPORTED SD/MC SETTLEM COUNTY	ENT -			
73 74	MH1979 MH1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT	SD/MC)	\$ 17,525,859 197,288	\$ (330,948) (30,728)	\$ 17,194,911 166,560
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Fan adjustments to revenues, units of service/time and the results Oversight audits.				
	}							
<u> </u>				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide					Provider Number	No. of Adj.	Fiscal P	eriod Ended	
	KERN COUNTY			00015		88	June	30, 2004	
Adj.	Report Ref	T		EXPLANATION OF AUDIT ADJUSTME	AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted	
<u>No.</u>	Sch.	Line_	Col.	ADJUSTMENTS TO REPORTED SD/MC SETTLEN CONTRACT PROVIDERS	IENT -				
75 76	MH1979 MH1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT	SD/MC)	\$ 8,166,040 333,537 \$ 8,499,577	\$ (209,425) (480) \$ (209,905)	\$ 7,956,615 333,057 \$ 8,289,672	
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Fan adjustments to costs, units of service/time and the results of D Oversight audits.					
				Henrietta Weill Child Memorial Guidance Clinic Turning Point of Central California The Anne Sippi Clinic Community Service Organization Clinica Sierra Vista Aspen Group Inc.		\$ 3,054,637 303,231 672,553 57,255 964,358 3,447,543 \$ 8,499,577	\$ (64,328) 1,404 (122,872) 0 (1,315) (22,794) \$ (209,905)	\$ 2,990,309 304,635 549,681 57,255 963,043 3,424,749 \$ 8,289,672	
		1							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

Provide	r			P	rovider Number	No. of Adj.	Fiscal P	eriod Ended
	KERN COUNTY				00015		June	30, 2004
	Report Re	ference				As	Increase	As
Adj. No <u>.</u>	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	PLANATION OF AUDIT ADJUSTMENTS		(Decrease)	Adjusted
				ADJUSTMENT TO AS SETTLED EPSDT STATE GENERAL	<u>FUNDS</u>			
77	SCH 4	1	3	SD/MC ACTUALS	ļ	\$ 40,720,544	\$ (473,325)	\$ 40,247,219
				To adjust the SDMC actuals as a result of adjustments to total com Medical Costs as reflected in MH1979 for both the County Progran its contract providers. The amount utilized for this purpose was SE Enhanced for Outpatient services only.	n and			
78 79	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ 50,546,221 \$ 20,909,621	\$ (282,876) \$ (282,876)	\$ 50,263,345 * \$ 20,626,745 *
				To adjust total SD/MC claims and EPSDT claims to include the res Department's audit of the EPSDT Program conducted by the State of Mental Health as reflected in the report dated March 3, 2008. T covered the period from April 1, 2004 through June 30, 2004. This the original recoupment.	Department his report			
80 81	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** \$ 50,263,345 ** \$ 20,626,745	\$ 282,876 \$ 282,876	\$ 50,546,221 * \$ 20,909,621 *
				To adjust total SD/MC claims and EPSDT claims to reverse the ori included in the adjustments 78 and 79 above. The revised finding "Total SD/MC Claims and EPSDT Claims" will be taken in adjustm 83 below.	s affecting			
82 83	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** \$ 50,546,221 ** \$ 20,909,621	\$ (152,882) \$ (152,882)	\$ 50,393,339 \$ 20,756,739
				To adjust total SD/MC claims and EPSDT claims to include the respective Department's revised audit of the EPSDT Program conducted by the Department of Mental Health as reflected in the report dated Marc report covered the period from April 1, 2004 through June 30, 200 represents the revised recoupment.	he State h 3, 2008. This			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	Provider KERN COUNTY				Provider Number 00015	No. of Adj. 88		eriod Ended 30, 2004	
	Report Ref	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	EXPLANATION OF AUDIT ADJUSTMENTS		(Decrease)	Adjusted	
				ADJUSTMENT TO AS SETTLED EPSDT STATE GENERAL	FUNDS, cont'd.				
84	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$ 6,727,345	\$ (124,401)	\$ 6,602,944	
				To adjust net cost settlement amount as a result of adjustment (Total Computable Medical), total SD/MC Claims and EPSDT					
85	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$ 6,727,345	\$ (111,086)	\$ 6,616,259	
				To adjust State General Fund Distribution to include the result audit of the EPSDT Program conducted by the State Department Health as reflected in the report dated March 3, 2008. This reperiod from April 1, 2004 to June 30, 2004. This represents the recoupment.	ent of Mental port covered the				
8 6	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$ 6,616,259	\$ 111,086	\$ 6,727,345	
				To adjust State General Fund Distribution to reverse the origin included in adjustment 85 above. The revised findings affectin General Fund Distribution" will be taken in adjustment 87 below	ng "State				
87	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$ 6,727,345	\$ (60,037)	\$ 6,667,308	
				To adjust the State General Fund Distribution to reflect the res revised EPSDT findings included in the final report dated Marc					
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		_		٠	

rovider					Provider Number	No. of Adj.	Fiscal P	eriod Ended	
	KERN COU	NTY			00015	88	June	30, 2004	
	Report Ref	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted	
				ADJUSTMENT TO AS SETTLED EPSDT STATE GENERAL	FUNDS, cont'd.				
88	SCH 4	12	3	STATE GENERAL FUND DUE STATE		\$ 0	\$ (64,364)	\$ (64,364	
				To adjust the State General Funds due State as a result of adj Cost Settlement Amount and State General Fund Distribution	justments to as follows:				
				Audited Net Cost Settlement Amount Adj 84 Audited State General Fund Distribution Adj 87	\$ 6,602,944 6,667,308 \$ (64,364)				
					4 (04,04)				
:							,		
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: Kern County Code: 15

Legal Entity: KERN COUNTY	Α	В	С
Legal Entity Number: 00015	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	32,914,343	34,051,093	66,965,436
2 Encumbrances		·	
3 Less: Payments to Contract Providers (County Only)		(17,306,962)	(17,306,962)
4 Other Adjustments from MH 1962			
5 Total Costs Before Medi-Cal Adjustments	32,914,343	16,744,131	49,658,474
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			49,658,474
Administrative Costs (County Only)			
9 SD/MC Administration			3,336,620
10 Healthy Families Administration			27,141
11 Non-SD/MC Administration			948,441
12 Total Administrative Costs			4,312,202
<u></u>			
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			604,128
14 Other SD/MC Utilization Review			750,192
15 Non-SD/MC Utilization Review			286,595
16 Total Utilization Review Costs			1,640,915
<u> </u>			
17 Research and Evaluation (County Only)			100000000000000000000000000000000000000
<u> </u>			10 705 655
18 Mode Costs (Direct Service and MAA)			43,705,357
			40.050.474
19 Total Costs - Lines 9 through 18			49,658,474

Crosscheck 43,705,357 OK 49,658,474 OK

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: Kern County Code: 15

	Legal Entity: KERN COUNTY	A		
Le	gal Entity Number: 00015	Total		
		Costs		
1	Mode Costs (Direct Service and MAA) from MH 1960	43,705,357		
	Modes			
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,803,926		
3	Other 24 Hour Services (Mode 05-All Other SFC)			
4	Day Services (Mode 10)	2,789,599		
<u>4</u> 5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,685,862		
	Outreach Services (Mode 45)	1,002,258		
7	Medi-Cal Administrative Activities (Mode 55)			
8	Support Services (Mode 60)	1,423,712		
9	Total - Lines 2 through 8	43,705,357		

Crosscheck OK

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

806

FISCAL YEAR 2003 - 2004

County: Kem County Code: 15

	County: Kern County Code: 15			CR	CR				
	Legal Entity: KERN COUNTY		A	B 7	c	D	E	E	G
Lec	gal Entity Number: 00015			Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-	19)	Mode Total	Function	Function	Function	Function	Function	Function
			1	10	19				
1	Allocation Percentage		100.00%	99.75%	0.25%				
2	Total Units			7,841	72	I———			ļ
3	Gross Cost	*****************	7,803,926	7,784,585	19,341				
4	Cost per Unit			992.81	268.63				1
	SMA per Unit			873.40	236.78				
6	Published Charge per Unit			2,200.00	2,200.00		L		
7	Negotiated Rate / Cost per Unit	···							
8	Medi-Cal Units	07/01/03 - 09/30/03		518	9			<u> </u>	
8A		10/01/03 - 06/30/04		2,297	60				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9Ā	THE CHOCK ENTERING TO STOCK OTHES	10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				L		ļ	
11	Healthy Families (SED) Units	07/01/03 - 09/30/03				ļ— <u> </u>	L	_	 _
11A	<u> </u>	10/01/03 - 06/30/04	1	<u> </u>	اا	ļ <u> </u>	<u> </u>	 _	_
12	Non-Medi-Cal Units	en e	J	5,026	3	ing rates in the concession in	andrama a franc	<u> </u> 	1970 00000000000
13	Medi-Cal Costs	07/01/03 - 09/30/03	516,691	514,273	2,418				
13A	Wedi-Car Costs	10/01/03 - 06/30/04	2,296,591	2,280,473	16,118				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	454,552	452,421	2,131			<u> </u>	
14A		10/01/03 - 06/30/04	2.020.409	2,006,200	14,209				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,159,400	1,139,600	19,800			L	
15A		10/01/03 - 06/30/04	5,185,400	5,053,400	132,000	<u> </u>			
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	 				<u>_</u>	 _	<u> </u>
16A	902020000000000000000000000000000000000	10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	Medical et Medi-Cal Clossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	<u> </u>			<u> </u>		<u> </u>	
19A		10/01/03 - 06/30/04	<u> </u>	<u> </u>	<u></u>	<u> </u>			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03				<u> </u>	<u></u>	<u> </u>	
20A		10/01/03 - 06/30/04			enterente de la constant		*************	 	
21	Enhanced CD/MC (Children) Cooks	07/01/03 - 09/30/03						1	
21A	Enhanced SD/MC (Children) Costs	10/01/03 - 06/30/04							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03		L					
22A	Children (Children) Child Copper Littles	10/01/03 - 06/30/04						ļ	
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03	ļ		l	ļ			_
23A		10/01/03 - 06/30/04	 	 	[
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03	 -	ļ	ļ	ļ	ļ	 	
24A		10/01/03 - 06/30/04	lananananana	 	 	Paristra de la composition della composition d	100000000000000000000000000000000000000		
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	L						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	L	<u> </u>					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04			l				
29		07/01/03 - 09/30/03	1	1	1	1	1	1	7
29A	Healthy Families Costs	10/01/03 - 06/30/04	 	 			 	1	
30	111-1111-1111-1111-1111-1111-1111-1111-1111	07/01/03 - 09/30/03	†	 				1	
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	 	 	l ———				1
31	Hanks Fa Was Dublished O	07/01/03 - 09/30/03	 					1	
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	 	 	<u> </u>				
32	Hashbu Familias Magatist of States	07/01/03 - 09/30/03	 						
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	T						
10000	<mark>disentante de la companya del companya de la companya del companya de la companya del la companya de la compan</mark>	diameteria de la filosoficia de la constancia de la const	decement of the	tana ang kanalan	transferring and the		Redebbase Contract	i paligaliga india Di	

4,990,645 4,989,839

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

County:	Kern
County Code:	15

	Legal Entity: KERN COUNTY		Α	В	С	D	E	F	G
Leg	gal Entity Number: 00015			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	_Function	Function	Function	Functio
1	Allocation Percentage		400 000	25	30 19.11%	91 7.24%		 	
-	Total Units		100.00%	73.65% 23,690	7,202	2,630		 	 -
 -	Gross Cost		2,789,599	2,054,411	533,175	202,013			 -
A	Cost per Unit	<u> </u>	2,,00,000	86.72	74.03	76.81	<u> </u>		20000000
5 —	SMA per Unit			85.68	74.03	76.20		 	
- -	Published Charge per Unit			85.68		76.20			
7	Negotiated Rate / Cost per Unit			40.00		10.20		 	
<u></u>	Marin Barra	07/01/03 - 09/30/03		5,093	an in and the second	de la company	er e	<u> </u>	1044,462
8A	Medi-Cal Units	10/01/03 - 06/30/04		12,130				 	
9	 	07/01/03 - 09/30/03		12,130					
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04						 -	
10	5-1	07/01/03 - 09/30/03						l ——	 -
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		20					
11A	<u> </u>	10/01/03 - 06/30/04		53					
12	Non-Medi-Cal Units			6,394	7,202	2,630			<u> </u>
13	Modi Cal Costs	07/01/03 - 09/30/03	441,668	441,668			<u>ەرە ئەرە ئەتەرەر دەرە ئەرەر دەرەر بەرەر بەرەر بەرەر بەرەر بەرەر ب</u>	1	
13A	Medi-Cal Costs	10/01/03 - 06/30/04	1,051,921	1,051,921					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	436,368	436,368					
14A	Twee-car Sivia Opper Limits	10/01/03 - 06/30/04	1,039,298	1,039,298					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	436,368	436,368					
15A		10/01/03 - 06/30/04	1,039,298	1,039,298					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							├
16A		10/01/03 - 06/30/04	25.00.00000000	000000000000	100000000000	9900000000	0000000000	200000000000	
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	Incurar entredi-Car Crossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04	 -	ļ				 	├ ──
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	}	 _				 	
19A 20		10/01/03 - 06/30/04	 				L	 	}
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	 						 -
	-0000000000000000000000000000000000000	100.5000000000000000	10 00000000000	<u> Constitution</u>	10000000000	00 <u>000000000</u>	000000000	1000000000	
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	 	 			L	 	
21A	 	10/01/03 - 06/30/04					 _	 	
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	 	 		- 	 	 	
22A 23	 	10/01/03 - 06/30/04 07/01/03 - 09/30/03	 	 			 	+	
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	 	 			 -	 	
24	F-h	07/01/03 - 09/30/03	 						1
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	Maria especial de la constante	**************	ngang ba ng.	<u> </u>	<u> </u>	<u> </u>	2 (1127-127-12
	Enhanced SD/MC (Refugees) Costs Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	 	 	 		 	 	
	Enhanced SD/MC (Refugees) Published Charges		 -	 -	 			1	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 				<u> </u>	 	
29	<u> </u>	07/01/03 - 09/30/03	1,734	1,734	100000000000	00000000000	:000:000ti000	2000000000	
29 29A	Healthy Families Costs	10/01/03 - 09/30/04	4,596	4,596	 	 -		 	+
30		07/01/03 - 09/30/03	1,714	1,714	 			 	+
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	4,541	4,541	 			 	
31		07/01/03 - 09/30/03	1,714	1,714				 	\top
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	4,541	4,541					
32	Healthy Familian Nagotistad Dates	07/01/03 - 09/30/03	1						
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04	T						
227									

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

	County Code: 15			CR	CR	CR	CR	CR
	Legal Entity: KERN COUNTY		A	B	C	D	E	F
1.0	gal Entity Number: 00015 Mode: 15 - Outpatient (Program 1)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
			WOOD TOTAL	01	10	30	40	50
1	Allocation Percentage		100.00%	13.53%	8.65%	22.57%	19.93%	11.02%
2	Total Units		10010075	3,456,966	1,713,981	4,473,679	3,950,361	2,184,650
_	Gross Cost		30,571,072	4,134,968	2,643,892	6,900,853	6,093,611	3,369,922
<u> </u>			- 00,0: 1,0:2			2:30.00.000.000.00		
4_	Cost per Unit			1.20	1,54	1.54	1.54	1.54
5	SMA per Unit			1.83	2.36	2.36	2.36	2.36
6_	Published Charge per Unit			1.83	2,36	2.36	2.36	2.36
1/	Negotiated Rate / Cost per Unit							
8	La today is	07/01/03 - 09/30/03		707,517	365,094	892,235	796,710	474,990
8A	Medi-Cal Units	10/01/03 - 06/30/04		1.852,255	980,680	2,672,151	2,456,547	1.265,990
9		07/01/03 - 09/30/03		1,002,200		510	2,,00,017	1,200,000
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04				90		
10		07/01/03 - 09/30/03		825	1,005	1,308	1,240	3,224
10/	Enhanced SD/MC (Children) Units							
		10/01/03 - 06/30/04		2,390	4,712	7,261	3,100	5,278
10E	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					 	
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		3,430	6,886	11,108	8,019	7,841
11/	\ <u>\</u>	10/01/03 - 06/30/04		6,475	18,970	28,603	18,459	24,803
12	Non-Medi-Cal Units	 		884,074	336,634	860,413	666,286	402,524
13	The state of the s	07/01/03 - 09/30/03	6,062,578	846,280	563,174	1,376,313	1,228,961	732.694
13/	Medi-Cal Costs	10/01/03 - 06/30/04	17,549,492	2,215,531	1,512,743	4,121,914	3,789,335	1,952,847
14		07/01/03 - 09/30/03	9,192,551	1,294,756	861,622	2,105,675	1,880,236	1,120,976
14/	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	26,641,428	3,389,627	2,314,405	6,306,276	5,797,451	2,987,736
15								
15/	Medi-Cal Published Charges	07/01/03 - 09/30/03	9,192,551	1,294,756	861,622	2,105,675	1,880,236	1,120,976
	\	10/01/03 - 06/30/04	26,641,428	3,389,627	2,314,405	6,306,276	5,797,451	2,987,736
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16/	900000000000000000000000000000000000000	10/01/03 - 06/30/04		*************	************			***********
17	Madiense/Madi Cal Cassassus Casta	07/01/03 - 09/30/03	36,648			787		
17/	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	45,512			139		
18	Madiana Madi Oal Oassana Child III a State	07/01/03 - 09/30/03	56,069			1,204		
184	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	69,630			212		
19		07/01/03 - 09/30/03	56,069			1,204		
19/	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	69,630		 	212		
20		07/01/03 - 09/30/03	00,000					
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04						
3333	######################################	*00050000000000000	etermination des	000000000000	10	000000000000	0.0000000000000	
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	11,940	987	1,550	2,018	1,913	4,973
21/	· · · · · · · · · · · · · · · · · · ·	10/01/03 - 06/30/04	40,259	2,859	7,268	11,200	4,782	8,142
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	18,268	1,510	2,372	3,087	2,926	7,609
22/	Line of Solido Start Opper Linius	10/01/03 - 06/30/04	61,594	4,374	11,120	17,136	7,316	12,456
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	18,268	1,510	2,372	3,087	2,926	7,609
23/		10/01/03 - 06/30/04	61,594	4,374	11,120	17,136	7,316	12,456
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24/	Francisco Sosisio Medorigien Usies	10/01/03 - 06/30/04						
	Enhanced SD/MC (Refugees) Costs	. <u>* . * . * . * . * . * . * . * . * . *</u>		100000000000000000000000000000000000000	122-142-142-142	<u> </u>		<u> er eggereng regerd</u> er.
25	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	 		 	·	 	
25		07/01/03 - 06/30/04	 	 	 	 	├─── ─	
26	Enhanced CD/MC (Defrence) Dublished Character	07/01/03 - 06/30/04	 	 	 	 		
26 27	Enhanced SD/MC (Refugees) Published Charges	07/04/00 00/05	i	L		0.000.000.000	121212121212121	1000000000
26	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	200000000000000000000000000000000000000			17,135	12,370	12,095
26 27	Enhanced SD/MC (Refugees) Negotiated Rates	300000000000000000	62,305	4,103	10,622	11,133	1	
26 27 28		07/01/03 - 09/30/03				44,121	28,474	38,260
26 27 28 29 29	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	160,470	7,745	29,262	44,121	28,474	
26 27 28 29 29 30	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Linear Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03	160,470 95,016	7,745 6,277	29,262 16,251	44,121 26,215	28,474 18,925	18,505
26 27 28 29 29 30 30	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04	160,470 95,016 245,355	7,745 6,277 11,849	29,262 16,251 44,769	44,121 26,215 67,503	28,474 18,925 43,563	18,505 58,535
26 27 28 29 29 30 30 31	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Linear Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03	160,470 95,016 245,355 95,016	7,745 6,277 11,849 6,277	29,262 16,251 44,769 16,251	44,121 26,215 67,503 26,215	28,474 18,925 43,563 18,925	18,505 58,535 18,505
26 27 28 29 29 30 30 31 31	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04	160,470 95,016 245,355	7,745 6,277 11,849	29,262 16,251 44,769	44,121 26,215 67,503	28,474 18,925 43,563	18,505 58,535
26 27 28 29 29/ 30 30/ 31	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03	160,470 95,016 245,355 95,016	7,745 6,277 11,849 6,277	29,262 16,251 44,769 16,251	44,121 26,215 67,503 26,215	28,474 18,925 43,563 18,925	18,505 58,535 18,505

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

	County Code: 15	_	CR	CR	CR	CR	CR	CR	_
	Legal Entity: KERN COUNTY		Н		J	K	L	M	N
Legal	Entity Number: 00015		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Function 70	Function 02	Function 11	Function 41	Function 66	Function 71	Functi
1 A	llocation Percentage		5.13%	0.00%	0.00%	0.01%	0.00%	4.31%	
2 To	otal Units		682,020	120	120	1,200	90	331,665	
3 G	ross Cost		1,569,154	248	320	3,198	444	1,318,260	
4 C	ost per Unit		2.30	2.07	2.67	2.67	4.93	3.97	<u> सम्बन्धानुसम्</u> ।
5 SI	MA per Unit		3.52	1.83	2.36	2.36	4.37	3.52	
6 Pı	ublished Charge per Unit		3.52	1.83	2,36	2.36	4.37	3.52	
7 No	egotiated Rate / Cost per Unit								
8	ladi Cali lata	07/01/03 - 09/30/03	109,791					32,340	
8A M	ledi-Cal Units	10/01/03 - 06/30/04	359,867		60	660	90	80,710	
9	ledicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A ""		10/01/03 - 06/30/04							
10 F	nhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
TUA		10/01/03 - 06/30/04	1,730						
	nhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11 He	ealthy Families (SED) Units	07/01/03 - 09/30/03	344					120	
11A	on-Medi-Cal Units	10/01/03 - 06/30/04	2,080	L			L	60	<u> </u>
	On-Moul-Car Utilis	<u> </u>	208,208	_120	_60	540	<u> </u>	218,435	<u> </u>
13 M	ledi-Cal Costs	07/01/03 - 09/30/03	252,601					128,541	
13A		10/01/03 - 06/30/04	827,962		160	1,759	444	320,796	
14 M	ledi-Cal SMA Upper Limits	07/01/03 - 09/30/03	386,464		L <u>-</u>	L		113,837	<u> </u>
14A		10/01/03 - 06/30/04	1,266,732		142	1,558	393	284,099	
15 15A	ledi-Cai Published Charges	07/01/03 - 09/30/03	386,464	 	142	4 550	303	113,837	ļ
16		10/01/03 - 06/30/04 07/01/03 - 09/30/03	1,266,732		142	1,558	393	284,099	
16A M	ledi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17	<u>annananananananananananananananananana</u>	1999999999999999		121402011111111111111111111111111111111	0.0000000000000000000000000000000000000	1957000000000	वसम्बद <u>्धाः स्ट</u> ीस्टार	31000000000 <u>0</u>	reserved.
17A M	ledicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 -	
18		07/01/03 - 09/30/03							
18A M	ledicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	<u>-</u>			 -			
10	Adicaro Madi Cal Crossovas Bublished Charact	07/01/03 - 09/30/03							
19A	fedicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20 M	ledicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Today of the state	10/01/03 - 06/30/04							7.1707 7 7
21 -	shanned SDMC Contr	07/01/03 - 09/30/03						-,	********
21A	nhanced SD/MC Costs	10/01/03 - 06/30/04	3,980						
22 _{Er}	nhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04	6,090						
23 Er	nhanced SD/MC Published Charges	07/01/03 - 09/30/03							<u> </u>
23A		10/01/03 - 06/30/04	6,090	ļ ————		i			
24 24A Er	nhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03			 		-		 -
		10/01/03 - 06/30/04	Eggstalages au	<u> Angeles de la composition della composition de</u>	nggradagaan.	<u>agaraus, reg</u>		aganagagaga	45, 45, 45
	nhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04		<u> </u>	L <u>-</u>				
	nhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04		 					
	nhanced SD/MC (Refugees) Published Charges nhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 				 	 -	
CHO (CH) (CH	mismod ODMO (Nerogees) Negotialed Kalles	07/01/03 - 06/30/04	0480000000	1000000000000	00000000000	1000000000	2012/2013/01/01	वयव्यवस्थानुस्य	1000000
29 He	ealthy Families Costs	07/01/03 - 09/30/03	791		L			477	<u> </u>
29A		10/01/03 - 06/30/04	4,786					238	 -
30 He	ealthy Families SMA Upper Limits	07/01/03 - 09/30/03	1,211	 				422	⊢
30A		10/01/03 - 06/30/04	7,322		<u> </u>	 	 -	211	├
31 He	lealthy Families Published Charges	07/01/03 - 09/30/03	1,211		 -	 	ļ	422 211	
31A	_ 	10/01/03 - 06/30/04 07/01/03 - 09/30/03	7,322			 	 -		
32A H	lealthy Families Negotiated Rates	10/01/03 - 06/30/04	 -	 -					
12:00:00	Singgang and professional profession and an	10101103 - 00130104	<u> </u>	raminosta est	androus and a	aranana ka	andudu.		<u> 1816-1919</u>
	on-Medi-Cal Costs		479,033	248	160	1,439	l	868,208	i

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

County Code: 15			ASO	ASO	ASO	ASO	MHS	MHS
Legal Entity: KERN COUNTY		A	В	C	D	E	F	G
Legal Entity Number: 00015 Mode: 15 - Outpatient (Program 2)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			10	30	40	60	30	60
Allocation Percentage		100.00%	1.10%	12.97%	52.38%	3.34%	4.39%	25.829
2 Total Units 3 Gross Cost			1,140	13,535	54,480	3,695	5,530	14,830
		114,790	1,258	_14,883	60,129	3,832	5,044	29,644
4 Cost per Unit			1.10	1.10	1.10	1.04	0.91	2.00
5 SMA per Unit			2.36	2.36	2.36	4.37	2.36	4.37
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit				and the state of the state of		; , , , , , , , , , , , , , , , , , , ,	*******************	narana
Medi-Cal Units	07/01/03 - 09/30/03		720	4,690	17,100	360	3,210	9,590
8A Medi-Car Offics	10/01/03 - 06/30/04		420	8,845	36,720	1,590	2,320	5,240
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A Medicare/Medi-Car Crossover Offics	10/01/03 - 06/30/04							
Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	10/01/03 - 06/30/04							
12 Non-Medi-Cal Units					660	1,745		
13	07/01/03 - 09/30/03	47,296	795	5,157	18,873	373	2,928	19,170
Medi-Cal Costs	10/01/03 - 06/30/04	64,956	463	9,726	40,527	1,649	2,116	10,474
14	07/01/03 - 09/30/03	104,181	1,699	11,068	40,356	1,573	7,576	41,90
Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	143,847	991	20,874	86,659	6,948	5,475	22,89
15 Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A Medi-Cai Published Charges	10/01/03 - 06/30/04							
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A Medi-Cai Negotiated Rates	10/01/03 - 06/30/04							
17	07/01/03 - 09/30/03	<u> </u>	00000000000	,000 <u>000</u> 0000		<u> </u>	arianinanananan I	
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							 -
19	07/01/03 - 09/30/03	h	 -					 -
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
10	07/01/03 - 09/30/03	<u> </u>						
Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20 Madiana Madi Cal Casasana Na atlant d Bata	07/01/03 - 09/30/03	l — —						
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21 /	07/01/03 - 09/30/03	50100000000000	20000000000000000000000000000000000000	20000000000000	000000000000	<u> </u>	300000000000	Chancolor.
Enhanced SD/MC Costs	10/01/03 - 06/30/04	 	ļ					
22	07/01/03 - 09/30/03	t	 				 	
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	 	 			 		
23	07/01/03 - 09/30/03							
Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	 	 					
24	07/01/03 - 09/30/03							
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	10100000000000000			34,4,4,4,4,4,4,4,4,4,4	<u> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. </u>	<u> </u>	
26 Enhanced SD/MC (Refugees) Costs 26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04		 	 -		 		
27 Enhanced SD/MC (Refugees) Published Charges			 	 			 	
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 					 	
<u>Hana annonananananananananananananananana</u>	0000000000000000000000	2000000000	000000000000	NAMES OF TAXABLE PARTY.	व्यवसम्बद्धाः	OCCUPATION OF THE	110000000000000000000000000000000000000	00000000
Healthy Families Costs	07/01/03 - 09/30/03	ļ		l—_—			 _	L_
Z9A	10/01/03 - 06/30/04	 	 					
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	 	 -		 _	l		
30A	10/01/03 - 06/30/04	-	ļ	 	 			├ ──
Healthy Families Published Charges	07/01/03 - 09/30/03	 	! -	L _	 -	 		
31A	10/01/03 - 06/30/04	 	 		 	l		
32 Healthy Families Negotiated Rates	07/01/03 - 09/30/03	ļ	 				 	
32A[10/01/03 - 06/30/04	100000000000000000000000000000000000000]		***************************************	2010 DECEMBER 18 10 10 10 10 10 10 10 10 10 10 10 10 10	 	120703222777
33 Non-Medi-Cal Costs		2,538	(0)	T	728	1,810	(0)	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Kern

County Code: 15

CR CR

county cours. 10		0.1	0.1				
Legal Entity: KERN COUNTY		В	С	D	E	F	G
Legal Entity Number: 00015		Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		10	20				
Allocation Percentage	100.00%	68.50%	31.50%				i
Total Units		7,759	3,569				
Gross Cost	1,002,258	686,518	315,740				
Cost per Unit		88.48	88.47				
Non-Medi-Cal Units		7,759	3,569				***************************************
Non-Medi-Cal Costs	1.002.258	686,518	315,740	-1			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Kern County Code: 15

CR

	Legal Entity: KERN COUNTY	A	ВТ	С	D	E	F	G
Le	gal Entity Number: 00015	1	Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
<u></u>			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		59,321					
3	Gross Cost	1,423,712	1,423,712					
4	Cost per Unit		24.00				RESERVATE PROPERTY OF THE SECOND SECO	<u> </u>
5	Non-Medi-Cal Units (Same as Line 2)		59,321					
6	Non-Medi-Cal Costs (Same as Line 3)	1,423,712	1,423,712					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

_						MENT TYPE	SMA_		Costs			Costs	
Leg	Legal Entity: KERN COUNTY al Entity Number: 00015		 ^ - -	В	Ç	<u>D</u>	E	F	G	н_	Total		K
			 _	Mode 55		Total	Inpatient				Outpatient	l 	Outpetient
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S.F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude	Mode 15	(Col. I + Col. J)
玒	Medi-Cal Costs	07/01/03 - 09/30/03	3.7.01-03	31-38	3.7.3 21-23		516,691	- CUNIT	441,668	6,062,578	Program (2) 6.504,246	Program (2) 47,296	6,551,542
1A		10/01/03 - 06/30/04 07/01/03 - 09/30/03					2,296,591		1.051.921		18,601,413	64,956	18,666,369
2A	Medi-Cal SMA	10/01/03 - 06/30/04					454,552 2,020,409		436,368 1,039,298	9,192,551 26,641,428	9,628,920 27,680,726	104,181 143,847	9,733,100 27,824,573
3	Medl-Cal P. C.	07/01/03 - 09/30/03					1.159.400		436,368	9,192,551	9,628,920		9,628,920
2A 3 3A 4		10/01/03 - 06/30/04 07/01/03 - 09/30/03					5,185,400		1,039,298	26,641,428	27,680,726		27,680,726
4A	Medi-Cal N. R.	10/01/03 - 06/30/04											
5	Medi Cal Cons Beimburgement	07/01/03 - 09/30/03					454,552	*********	441,668	6.062.578	6.504.246	47.296	6,551,542
5A	Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04			880868888		2.020.409		1.051.921	17,549,492	18,601,413	64,956	18.666,369
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								36.648	36,648		36,648
6A 7 7A_		10/01/03 - 06/30/04 07/01/03 - 09/30/03					<u> </u>	-		45,512 56,069	45,512 56,069		45,512 56,069
7A_	Medicare/Medi-Cal Crossover SMA	10/01/03 - 06/30/04								69,630	69,630		69,630
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03								56,069	56,069		56,069
8 8A 9	Medicare/Medi-Cal Crossover N. R.	10/01/03 - 06/30/04 07/01/03 - 09/30/03								69,630	69,630		69,630
9A.	Medicare Medical Crossover N. R.	10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03	100000000000							36,648	36.648		36,648
10A		10/01/03 - 06/30/04							<u> </u>	45.512	45,512		45,512
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					454,552		441,668 1,051,921	6.099.226	6,540,894 18,646,924	47,296 64,956	6,588,190 18,711,881
		07/01/03 - 09/30/03					2,020,409	,			11,940		11,940
12 12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04								11,940 40,259	40,259		40.259
13 13A	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								18,268	18,268		18,268
13A 14	 	10/01/03 - 06/30/04 07/01/03 - 09/30/03								61.594 18,268	61,594 18,268		61,594 18,268
14A 15	Enhanced SD/MC (Children) P, C.	10/01/03 - 06/30/04								61,594	61,594		61,594
15 154	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04											
15A		07/01/03 - 09/30/03					***********		1010 1010 1010 1010 1010 1010 1010 101	44.040	44.040	<u> </u>	44 040
16 16A	Enhanced SD/MC (Children) Gross Relm.	10/01/03 - 06/30/04								11,940 40,259	11,940 40,259		11,940 40,259
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04	3166533663						and the second s			adheachagai	**************************************
18	Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
19 20	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04 07/01/03 - 06/30/04	1								 		
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					454,552	<u> </u>	441,668	6,111,167	6,552.835	47,296	6,600,130
21A		10/01/03 - 06/30/04					2,020,409		1,051,921	17,635,263	18,687,184	64,956	18,752,140
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04										7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	and the second
23	Healthy Families Cost	07/01/03 - 09/30/03							1,734	62,305	64,040		64,040
23A 24		10/01/03 - 06/30/04 07/01/03 - 09/30/03							4,596 1,714	160,470 95,016	165,066 96,730	 	165,066 96,730
24 24A 25	Healthy Families SMA	10/01/03 - 06/30/04							4,541	245,355	249,896		249.896
25 25A	Healthy Families P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					 		1,714 4,541	95,016 245,355	96,730 249,896		96,730 249,896
26 26A	Healthy Families N. R.	07/01/03 - 09/30/03							7,041	10.000			
•		10/01/03 - 06/30/04							1000000000	0.000.000000	none one en		
27 27A	Healthy Families Gross Relm.	07/01/03 - 09/30/03 10/01/03 - 06/30/04							1,734 4,596	62,305 160,470	64,040 165,066	 	64,040 165,066
2/A	Less: Patient and Other Payor Revenue								4.350	100,470	103.000		
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03				808000000	17,513			7,681	7,681		7,681
28A 29	•	10/01/03 - 06/30/04	100000000000000000000000000000000000000	1	1		217.385		-	23.041	23,041	 	23.041
8	Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue		4	1				 	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		777477755		**************************************
32	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)		*************	\square		*************							
33 34	Revenue - MAA												
35	<u></u>	07/01/03 - 09/30/03		20000000000	1000000000	<u> </u>	437,039		441,668	6,103,486	6,545,154	47,296	6,592,449
35A	Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04					1,803,024		1.051.921			64,956	18,729,099
36 37	Net Due - Enhanced SD/MC (Refugees)	07/01/03 - 09/30/03						 	1,734	62,305	64,040	 	64,040
37A	Net Due - Healthy Families	10/01/03 - 06/30/04							4,596	160,470	165,066	. , , , , , , , , , , , , , , , , , , ,	165,066
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/03 - 09/30/03 10/01/03 - 06/30/04					 		 	 -	 		
		110/01/03 - 00/30/04		.	1			 -					
39	Enhanced SD/MC (Refugees)												

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (0&/04)

County: Kern County Code: 15

Legal Entity: KERN COUNTY		A	В	С	D .	E	F	G	Н		J
Legal Entity Number: 00015		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FEP	54.35% FFP	52.95% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
County SD/MC Direct Service Gross Reimburse	ment		2,474,961	25,352,270	27,827,231						
Contract Providers Medi-Cal Direct Service Gros			381,198	14,932,503	15,313,701						
Total Medi-Cal Direct Service Gross Reimburser	ment				43,140,932						
Medi-Cal Administrative Reimbursement Limit					6,471,140						
Medi-Cal Administration					3,336,620		111111111111111111111111111111111111111				
Medi-Cal Administrative Reimbursement					3,336,620	1,668,310					1,668,3
Healthy Families Administrative Reimbursement											
County Healthy Families Direct Service Gross R			**********	229,106	229,106						
A Contract Providers Healthy Families Direct Servi	ice Gross Reim.			512,393	512,393						
7B Total Healthy Families Direct Service Gross Rei	mbursement				741,499						
Healthy Families Administrative Reimbursement	Limit				74,150						
Healthy Families Administration					27,141						
Healthy Families Administrative Reimbursement					27,141				17,642		17,6
SD/MC Net Reimbursement for MAA	<u> </u>	**********	11.1.1.1.1.1.1.1.1								Printer de
1 Medi-Cal Admin. Activities Svc Functions 01 - 09											1
Medi-Cal Admin, Activities Svc Functions 11 - 19				1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1							1
3 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
4 Utilization Review-Skilled Prof. Med. Personnel	(County Only)				604.128					453,096	453.0
5 Other SD/MC Utilization Review (County Only)					750,192	375,096				FREEDRICK	375,0
6 CDAC Not Bolimbi mamont for Direct Sandons	07/01/03 - 09/30/03		437,039	6,580,509	7,017,548		3,814,037				3.814.0
SD/MC Net Relmbursement for Direct Services	10/01/03 - 06/30/04		1.803.024	18.688.840	20,491,864		100000	10.850.442			10,850,4
Enhanced SD/MC Net Relmb. (Children)	07/01/03 - 09/30/03		1 1 1	11,940	11,940		100000000000000000000000000000000000000		7,761	360 100 100 100	7,7
7A	10/01/03 - 06/30/04			40,259	40,259				26,169		26,1
8 Enhanced SD/MC Net Reimb. (Refugees)											
9 Total SD/MC Reimbursement Before Excess FF	P										17,194,9
.0 Amount Negotiated Rates Exceed Costs - SD/M	C & Enh. SD/MC										1
11 Total SD/MC Reimbursement (FFP)											17,194,9
2 Contract Limitation Adjustment											1
3 Adjusted Total SD/MC Reimbursement (FFP)											17,194,9
Healthy Families Net Reimbursement	07/01/03 - 09/30/03		1	64,040	64,040				41,626		41,6
24A Rearring Families Net Kelmbursement	10/01/03 - 06/30/04			165,066	165,066				107,293		107,2
25 Total Healthy Families Reimbursement Before E										1 ::::::::::::::::::::::::::::::::::::	166,5
26 Amount Negotiated Rates Exceed Costs - Health	ny Families										1
27 Total Healthy Families Reimbursement											166,5

Per Settled Cost Report - SD/MC	17,525,859
Per Settled Cost Report - Healthy Families	197,288
Total	17,723,147
Variance	(361,676)

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	1,668,310
Line 10: Column D minus Column H	9,499
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	151,032
Line 15: Column D minus Column E	375,096
Line 16: Column D minus Column F	3,203,511
Line 16A: Column D minus Column G	9,641,422
Line 17: Column D minus Column H	4,179
Line 17A: Column D minus Column H	14,091
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	22,414
Line 24A: Column D minus Column H	57,773
TOTAL STATE SHARE SD/MC COST	15,147,327